

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2014
NAME OF PROVIDER OR SUPPLIER HERITAGE SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 240 ANN STREET FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates and Bob Getchell on November 5, 2014. Based on information from our files, the facility was first licensed on or about February 3, 1999 for Sixty-Two (62) Residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes and Family Care Homes; the 2005 North Carolina Rules for Adult Cates Homes of Seven or More Beds; and the 1996 North Carolina State Building Code, Institutional Occupancy.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey,	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 the facility failed to ensure that the exits are designed with an unobstructed path to the public way in accordance with the Building Code. This deficiency directly affects all residents, staff, and visitors of the facility who may need to evacuate the facility through the fenced area in the event of an emergency. Findings include: a- The 1st and 2nd Floor Dining areas have marked EXITS leading into a courtyard that is fenced and equipped with a gate that is padlocked. b- All staff who are responsible for assisting residents during an evacuation were not equipped with a key to unlock the gate. c- The courtyard did not have a refuge area greater than fifty feet from the building that would permit omitting a path to the public way.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1-Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that the grab bars were tightly secured to the wall. This deficiency may directly affect the residents and visitors who may use the bathroom.	C 133		

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C 133	Continued From page 2 Findings include: a- In Room 1124, the grab bar at the commode is loose and may not support a person ' s full weight.	C 133		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that the corridors are provided with handrails. This deficiency directly affects all residents and visitors who may require the use of handrails to stabilize themselves while walking or standing. Findings include: a- The 2nd Floor corridor is equipped with a handrail only on one side.	C 148		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing	C 166		

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C 166	<p>Continued From page 3</p> <p>facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that the plumbing systems are maintained free of hazards. This deficiency directly affects all staff who may use the hopper room and may slip on water leaked onto the floor.</p> <p>Findings include:</p> <p>a- The flush valve of the hopper in the Soiled Linen Room on the 1st Floor is leaking a steady stream of water on the floor and surrounding area.</p> <p>2- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that all oxygen bottles are stored and secured properly to prevent them from falling over or rolling around. This deficiency directly affects residents, personnel, and visitors in the room and direct vicinity by possibly exposing them to the potentially dangerous force of a damaged oxygen container.</p> <p>Findings include:</p> <p>a- In Room 2225, there was a loose bottle of oxygen.</p> <p>b- In Room 2223, there was a loose bottle of oxygen.</p> <p>c- In Room 1121, there were sixteen loose bottle of oxygen.</p> <p>3- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that there are no slip hazards. This deficiency directly affects residents of the room who may use the toilet room.</p>	C 166		

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C 166	Continued From page 4 Findings include: a- The commode in Room 2202 is loose at its connection to the floor and water is present on the floor around the commode.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that the self-closing fire doors close completely and latch to prevent the spread of fire and smoke. These deficiencies directly affect all residents, personnel, and visitors by allowing the possibility of fire and smoke into exits. Findings include: a- The fire door at Stairwell S did not close completely and latch. b- The ¾ hour fire door between the 1st floor corridor and the Lobby was propped open with the use of a wedge. c- The corridor door to the Laundry on the 1st Floor was propped open with a wedge. 2- Based on observations made at the time of the	C 189		

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C 189	<p>Continued From page 5</p> <p>November 5, 2014 Biennial Construction Survey, the facility failed to ensure that the cross corridor doors closed completely to prevent the passage of smoke. These deficiencies directly affect all residents, personnel, and visitors by allowing the possibility of smoke passing into the EXIT paths.</p> <p>Findings include:</p> <p>a- The Dining Room doors on the 2nd Floor did not close completely and latch upon detection of smoke. .</p> <p>b- The Dining Room doors on the 1st Floor did not close completely and latch upon detection of smoke.</p> <p>3- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that the one-hour rating of the ceiling was maintained. These deficiencies could directly affect all residents, personnel, and visitors to the facility by possibly permitting the spread of fire or smoke.</p> <p>Findings include:</p> <p>a- At the cross corridor doors near Room 2214, there is an unsealed conduit above the ceiling which penetrates the smoke wall.</p> <p>b- In the Kitchen, there are unsealed ceiling penetrations around the threaded rod.</p> <p>c- In Mechanical Room K, there are unsealed ceiling penetrations around the flex conduit.</p> <p>d- In the 2nd Floor Dining Room, there are unsealed ceiling penetrations around the flex conduit.</p> <p>d- In Stairwell W, there is a 4-inch PVC conduit penetrations without a fire collar.</p> <p>e- In Mechanical Room W, there are unprotected penetrations in the ceiling.</p> <p>f- In the Activities Room, there are unprotected penetrations around the CATV cables.</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>g- In the Water Heater Room access from the exterior, there are unprotected penetrations in the ceiling.</p> <p>h- There are unprotected penetrations at the ceiling near Stairwell W.</p> <p>i- The ceiling has a large hole above the lay-in ceiling near Room 1132 where a plumbing repair was made but the ceiling was not repaired.</p> <p>k- The sprinkler escutcheon is missing in the closet of Room 2218</p> <p>l- The sprinkler escutcheon is missing in the corridor outside the 2nd Floor Dining Room</p> <p>m- The sprinkler escutcheon is missing in the closet of Room 1126.</p> <p>4- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that plumbing systems are maintained safe. This deficiency directly affects all residents, staff, and visitors who may use ice from the ice machine by allowing the possibility of the drain backing up and contaminating the ice.</p> <p>Findings include:</p> <p>a- The ice machine drain pipe in the 2nd Floor Kitchenette extends into the floor drain pipe and does not allow the required 2-inch air gap between the drain pipe and floor drain.</p> <p>5- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that the building systems were maintained. These deficiencies may directly affect residents, staff, and visitors to the facility in the event of an emergency.</p> <p>Findings include:</p> <p>a- The EXIT sign does not illuminate on battery power.</p>	C 189		

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C 189	Continued From page 7 b- The HVAC duct smoke detection sample tubes located in the Sprinkler Riser Room were coated with dust and may not sample the return air properly. c- The lights do not work in the Electrical/ Fire Panel Room.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations made at the time of the November 5, 2014 Biennial Construction Survey, the facility failed to ensure that all toilets and bathroom are provided with mechanical exhaust. These deficiencies directly affect the all residents, visitors, and staff by potentially subjecting them to odors. Findings include: a- The mechanical exhaust fans in the following locations are not functioning, to include but not	C 199		

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C 199	Continued From page 8 limited to: 1- Room 2229 2- Room 2226 3- Room 2206 4- Room 1108 5- Hopper Room 2219	C 199		